

Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Division of Family and Community Health

Quarterly Vision Screening Report - Batch Sheet

Local Health Department: \_\_\_\_\_

Reporting Quarter: ☐ Oct. 1-Dec. 31, 20\_\_\_\_ ☐ Jan. 1-March 31, 20\_\_\_\_  
(check box & fill in year)  
☐ April 1-June 30, 20\_\_\_\_ ☐ July 1-Sept. 30, 20\_\_\_\_

Children Screened	Total Number Screened	Passed	Referred	Other	# of Children Seen by an Eye Doctor
Early Childhood (Under 3 years)					
School Age					
Preschool					
Special Education*					
Totals for all Children					

This batch sheet should be submitted quarterly to your Michigan Department of Community Health vision consultant for compliance with rule R325.13096, Part 93, Act 368 of 1978.

**Please Return by E-mail, mail or fax to:**

**Michigan Department of Community Health  
Bureau of Family, Maternal and Child Health  
Division of Family and Community Health  
ATTENTION: RACHEL SCHUMANN  
109 W. Michigan Ave.  
Lansing, MI 48913  
[schumannr@michigan.gov](mailto:schumannr@michigan.gov)  
(517) 335-8697 fax**

\*children in self contained classrooms or those who spend less than half of the school day in a mainstreamed classroom